

POST-CERTIFICATION REVISIT REPORT

| | | | | | |
|--|----|---|---|------------------------------|----|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 175506 | Y1 | MULTIPLE CONSTRUCTION A. Building B. Wing | Y2 | DATE OF REVISIT 2/11/2016 | Y3 |
| NAME OF FACILITY ANDBE HOME, INC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 201 W CRANE STREET NORTON, KS 67654 | | |

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

| ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 |
|--------------------------------|------------|---|------------|---------------------|------------|
| ID Prefix F0157 | Correction | ID Prefix F0225 | Correction | ID Prefix F0257 | Correction |
| Reg. # 483.10(b)(11) | Completed | Reg. # 483.13(c)(1)(ii)-(iii), (c)(2) - (4) | Completed | Reg. # 483.15(h)(6) | Completed |
| LSC | 01/18/2016 | LSC | 01/18/2016 | LSC | 01/18/2016 |
| ID Prefix F0279 | Correction | ID Prefix F0309 | Correction | ID Prefix F0325 | Correction |
| Reg. # 483.20(d), 483.20(k)(1) | Completed | Reg. # 483.25 | Completed | Reg. # 483.25(i) | Completed |
| LSC | 01/18/2016 | LSC | 01/18/2016 | LSC | 01/18/2016 |
| ID Prefix F0327 | Correction | ID Prefix F0329 | Correction | ID Prefix F0371 | Correction |
| Reg. # 483.25(j) | Completed | Reg. # 483.25(l) | Completed | Reg. # 483.35(i) | Completed |
| LSC | 01/18/2016 | LSC | 01/18/2016 | LSC | 01/18/2016 |
| ID Prefix F0428 | Correction | ID Prefix F0441 | Correction | ID Prefix | Correction |
| Reg. # 483.60(c) | Completed | Reg. # 483.65 | Completed | Reg. # | Completed |
| LSC | 01/18/2016 | LSC | 01/18/2016 | LSC | |
| ID Prefix | Correction | ID Prefix | Correction | ID Prefix | Correction |
| Reg. # | Completed | Reg. # | Completed | Reg. # | Completed |
| LSC | | LSC | | LSC | |

| | | | | |
|---|------------------------|------|-----------------------|------|
| REVIEWED BY STATE AGENCY <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
| REVIEWED BY CMS RO <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |

FOLLOWUP TO SURVEY COMPLETED ON
 12/23/2015

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

☐ YES ☐ NO